



**Annual 5K  
FUN RUN/WALK  
SPECIAL OLYMPICS INDIANA  
Clark-Floyd Counties**



**\*Saturday, April 27, 2019**

**\*Registration 7:00 am \*Race begins 8:00 am Eastern Time**

The race will begin and end at **Sam Peden Community Park**, 3037 Grantline Rd, New Albany, IN

**Entry Fees**

- \* \$25 Pre-registered Adult Runners/Walkers
- \* \$20 Youth – Ages 18 and under
- \* \$30 Day of Race Registration

**Awards and Other Interests**

- \*All Participants will be awarded t-shirts
- \*Door prizes
- \*Overall and age group awards

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender (M / F) \_\_\_\_\_ Birth Date (MM / DD / YY) \_\_\_\_\_

**Adult Shirt Size:** S M L XL 2XL 3XL

**Youth Shirt Size:** S M L

**SPECIAL OLYMPICS CLARK-FLOYD COUNTIES RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the Special Olympics Clark-Floyd Counties 5K Walk Run("Activity"), I represent that I understand the nature of the 5K Run/Walk and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activities. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity. I fully understand that the Clark-Floyd Counties 5K Run/Walk event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity. I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Clark-Floyd Counties its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, the City of New Albany, its boards, elected and appointed officials, and its employees (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Dated \_\_\_\_\_

Printed Parent/Guardian (if under 18): \_\_\_\_\_

Each participant needs to fill out an individual registration form. **Pre-registration due by March 31, 2019**

Turn in registration/waiver form and payment to:

Steve Binggeli, County Coordinator, Special Olympics Indiana Clark-Floyd, 1511 Oakmont Dr., Jeffersonville, IN 47130

Make checks payable to: **Special Olympics IN Clark-Floyd**

Questions? Contact Steve Binggeli at (502) 641-0470 or [soinclarkcounty@twc.com](mailto:soinclarkcounty@twc.com)

Website: [www.soinclarkfloyd.com](http://www.soinclarkfloyd.com)